

**2006 SUMMER RESIDENTIAL GOVERNOR'S SCHOOL (SRGS)
FOR VISUAL AND PERFORMING ARTS APPLICATION**

I attend	<input type="checkbox"/> Public School	<input type="checkbox"/> Private School	<input type="checkbox"/> Home School
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APPLICANT INFORMATION: Provide **all** requested information.

Personal Information			
First Name		Date of Birth	
Middle Name		Nickname	
Last Name			
Home Address			
City		Virginia	Zip (+ 4)
Home Telephone		Home e-mail	
High School Information			
High School			
School Address			
City/State/ZIP			
Telephone		Fax Number	
Public School Students Only			
Division Name		School Division DOE Code	

DEMOGRAPHIC INFORMATION: Place an **X** in the appropriate box.

Mark	Race/Ethnic Background	Mark	Gender
	Native Hawaiian		Female
	White (Not Hispanic)		Male
	Hispanic		
	Black (Not Hispanic)	Mark	Graduation Year
	Asian/Pacific Islander		2007
	American Indian/Alaskan Native		2008
	Unknown/Unspecified		

PROGRAM CHOICE: Mark only **one** choice.

Mark	Program	Mark	Program
	Dance		Theatre
	Instrumental Music - INDICATE INSTRUMENT		Visual Art
	Vocal Music - INDICATE VOICE		

STUDENT STATEMENT

The decision to apply for Governor's School is my own. I want to participate fully in the program. If selected, I will abide by the regulations explained in the program descriptions and all other expectations provided by the program director. The responses contained in this application are my own work and are truthfully offered.

SIGNATURE OF APPLICANT

DATE

FOR OFFICIAL USE ONLY BY GIFTED EDUCATION COORDINATORS: Indicate student's score and rank.

Score _____

Rank _____

Applicant's Full Name	
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ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE.

Training

Beginning with the most recent, list training you have received **during the past three years in your art discipline**. Include the type of study, the name of the teacher or the school, or the name of the company. If you need more space, attach a second sheet.

Type of Study	Time Involved	Year
<i>Example: Ballet/Virginia Dance School</i>	<i>2 hours per week; 16 weeks</i>	<i>2005</i>
1.		
2.		
3.		

Experience

Beginning with the most recent, list all of your performances or exhibitions **during the past three years in your art discipline**. Include the performance or exhibition and year; name of group, exhibition, contest, teacher, choreographer; and your role/part. If you need more space, attach a second sheet.

Study/Brief Description	Teacher	Role/Part
<i>Example: HS Student Juried Exhibit/2004</i>	<i>John Logan</i>	<i>Featured Artist</i>
1.		
2.		
3.		

Honors/Recognitions

In this section, please list the three most significant honors/recognitions **during the past three years that you have received in your art discipline**. Be specific as to organization name, award, and level of competition. If you need more space, attach a second sheet.

Honor/Recognition	Level of Competition – Regional, State, National, International	Year
<i>Example: Excellence in Theatre Award, Wise County Arts Council</i>	<i>Local</i>	<i>2005</i>
1.		
2.		
3.		

Applicant's Full Name	
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ALL APPLICANTS AND PARENT/GUARDIAN MUST COMPLETE INFORMATION ON THIS PAGE.

APPLICANT AND PARENT/GUARDIAN ASSURANCES

I, the parent/guardian of, permit son/daughter, if selected, to participate in the 2006 Summer Residential Governor's School. I realize that transportation to and from the Governor's School and money (approximately \$40-50 per week) for personal expenses must be provided by the participants. I understand that if selected for the program, he/she will abide by the guidelines and expectations set forth for the school. I further accept that I have been duly informed that LEAVES OF ABSENCE from these programs are allowed only for SEVERE CASES OF MEDICAL AND/OR FAMILY EMERGENCIES. Medical and family emergencies include major illness, hospitalization, or death of an immediate family member or guardian. I understand that failure to participate in the programs, or unwillingness to abide by the guidelines and expectations, may be just cause for immediate dismissal of any participant who commits such an infraction. I grant permission for a transcript of my son's or daughter's secondary school record to be sent to the public school, public school division, or private school regional selection committee and to the VDOE or the Governor's School director, if requested. I give permission for my son/daughter to participate in all officially recognized Governor's School activities.

SIGNATURE OF PARENT/GUARDIAN

DATE

Both student and parent/guardian must initial after having read the following assurances. These constitute the expectations that will be held for students who accept invitations to the Summer Residential Governor's School program.

Student Initials	Parent or Guardian Initials	
		I understand that leaves of absence are granted ONLY in the case of medical or family emergencies as described above. Invitees are expected to arrive at the site by the opening ceremony, indicated in the <i>2006 Student and Parent Guide for VPA Governor's School</i> , and remain at the site through the closing ceremony.
		I understand that the program requires concerted academic focus, preparation, and motivation from all invitees and that invitees are expected to demonstrate the emotional maturity and self-discipline to participate in the activities and to demonstrate respect for self, others, program, and school.
		I understand that invitees will be expected to follow the guidelines and expectations, outlined in the <i>2006 Student and Parent Guide for VPA Governor's School</i> , and any other instructions provided by the program director. These guidelines and expectations have been thoroughly read and are understood.
		I understand that each nominee and division gifted education coordinator/private school regional coordinator will be mailed acceptance and alternate information mid-April 2006, and that no information will be available before that date.
		I understand that possession or use of controlled substances such as tobacco, alcohol, or non-prescription drugs will result in invitee's immediate dismissal from the program and that invitees are also subject to any disciplinary action that the sponsoring school division or private school chooses to invoke.
		I understand that previous attendees of any Summer Residential Governor's School program (including Governor's Foreign Language Academies) may not apply for or participate in the Summer Residential Governor's School program; and I am not applying for a 2006 Governor's Foreign Language Academy.
		I certify that these are my truthful responses to these assurances.

Applicant's Full Name	
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ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE.

Statement of Interest (Scored Item)

The VPA program is NOT a conservatory. In a brief statement (1-2 paragraphs) indicate how your artistic endeavors will be broadened or changed as a result of participating in the Summer Residential Governor's School for Humanities and Visual and Performing Arts. Indicate any special interests or talents that you would like to strengthen or area of your art discipline that you would like to explore as part of this program. Your response should be entered onto this page. Please sign your name where indicated below.

SIGNATURE OF STUDENT

DATE

Applicant's Full Name	
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ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE.

GIVE THIS SHEET TO THE TEACHER FROM WHOM YOU ARE REQUESTING A RECOMMENDATION.

VPA Teacher Recommendation A

Teacher's Name	
Art Discipline	
Completed Form Returned To	
Completed Form Returned By	

I would appreciate your recommendation for the 2006 Summer Residential Governor's School for Visual and Performing Arts. The application requires that **VPA Teacher Recommendation A** be obtained from an art discipline teacher directly related to the program for which I am applying. There are two required parts to the recommendation: a rating scale and a narrative are required from each teacher.

Instructions for the VPA Teacher Recommendation A Rating Scale

All information and needed forms to complete **VPA Teacher Recommendation A** are located at the following Web site:

www.doe.virginia.gov/VDOE/Instruction/Govschools/SRGS.

Please save **VPA Teacher Recommendation A** to your computer and close the Web site. Open the document using Microsoft Excel® and insert the student's name next to "Applicant's Full Name" at the top, right corner of the document. Using the Excel application, you will be able to enter data in the cell across from each characteristic.

Instructions for the VPA Teacher Recommendation A Narrative

Please type and double space your recommendation on school letterhead. Be sure to include your telephone number and e-mail address. Please limit your response to one page. Sign and date the teacher narrative and attach it to the printed and signed copy of your completed rating scale.

Students selected for the VPA program must have the following characteristics: Ability to work cooperatively and meaningfully in groups; openness to new and diverse situations; goals for academic growth; creativity; and intellectual and social maturity. Using specific examples from your work with this student, please address how the student demonstrates these qualities.

PLEASE DO NOT INCLUDE THIS PAGE IN THE FINAL APPLICATION.

Applicant's Full Name	
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ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE.

GIVE THIS SHEET TO THE TEACHER FROM WHOM YOU ARE REQUESTING A RECOMMENDATION.

VPA Teacher Recommendation B

Teacher's Name	
Art Discipline	
Completed Form Returned To	
Completed Form Returned By	

I would appreciate your recommendation for the 2006 Summer Residential Governor's School for Visual and Performing Arts. The application permits **VPA Teacher Recommendation B** to be obtained from any teacher, adult or program sponsor related to the program for which I am applying. There are two required parts to the recommendation: a rating scale and a narrative are required from each teacher.

Instructions for the VPA Teacher Recommendation B Rating Scale

All information and needed forms to complete **VPA Teacher Recommendation B** are located at the following Web site:

www.doe.virginia.gov/VDOE/Instruction/Govschools/SRGS.

Please save **VPA Teacher Recommendation B** to your computer and close the Web site. Open the document using Microsoft Excel® and insert the student's name next to "Applicant's Full Name" at the top, right corner of the document. Using the Excel application, you will be able to enter data in the cell across from each characteristic.

Instructions for the VPA Teacher Recommendation B Narrative

Please type and double space your recommendation on school, organization, or personal letterhead. Be sure to include your telephone number and e-mail address. Please limit your response to one page. Sign and date the teacher narrative and attach it to the printed and signed copy of your completed rating scale.

Students selected for the VPA program must have the following characteristics: Ability to work cooperatively and meaningfully in groups; openness to new and diverse situations; goals for academic growth; creativity; and intellectual and social maturity. Using specific examples from your work with this student, please address how the student demonstrates these qualities.

PLEASE DO NOT INCLUDE THIS PAGE IN THE FINAL APPLICATION.

Applicant's Full Name	
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INFORMATION ON THIS PAGE MUST BE COMPLETED BY ALL APPLICANTS AND PROVIDED TO THE HIGH SCHOOLGUIDANCE OFFICE AS SOON AS POSSIBLE.

SIGNATURES AND SCORES INFORMATION PAGE

I am applying for the 2006 Summer Residential Program for Visual and Performing Arts, in _ _ _ _ _.
I have asked the following teachers to complete recommendations for me *(insert art discipline here)*

Teacher A	Name	Phone
Teacher B	Name	Phone
Recommendations Due By		
Student Completed Pages (VPA 1-4) Due By		

I have asked these teachers to complete the information available on the Web site and provide it to the guidance office by the date indicated above. I understand that I must complete pages VPA 1-4 and return them to the guidance office by the date indicated above.

Please complete the signatures page and the scores page to include in my application. The Microsoft Excel® documents are available at the following Web site:

www.doe.virginia.gov/VDOE/Instruction/Govschools/SRGS

Thank you for your support with my application.

PLEASE DO NOT INCLUDE THIS PAGE AS PART OF THE FINAL APPLICATION.